

Epidemiology of Seasonal Influenza in Hong Kong and Use of Seasonal Influenza Vaccines

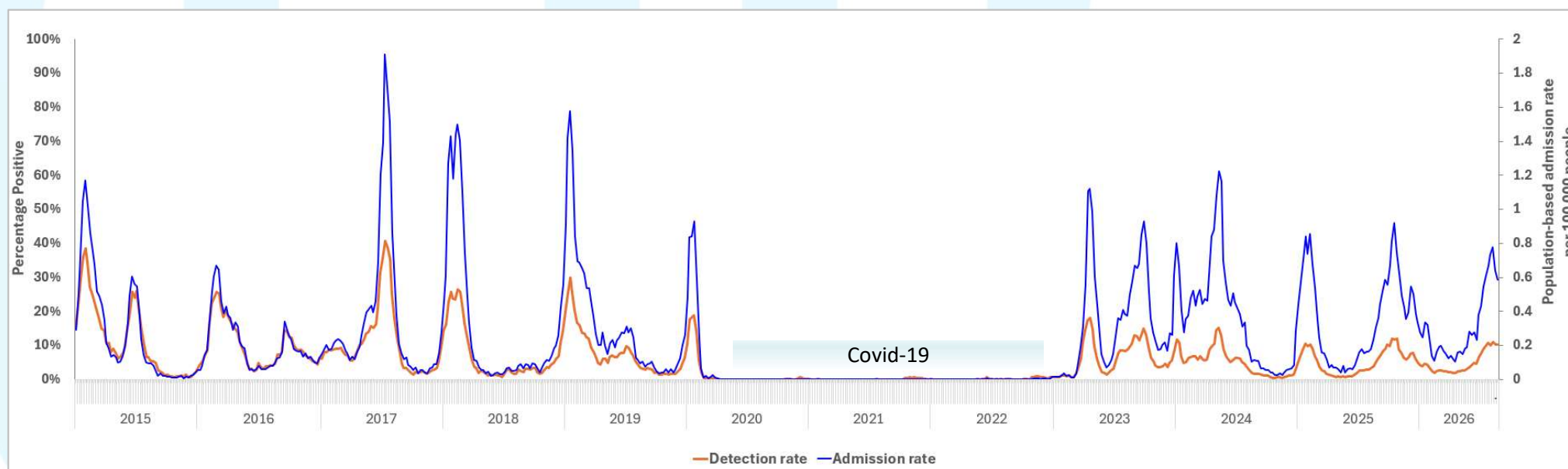
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1 September 2026



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Department of Health

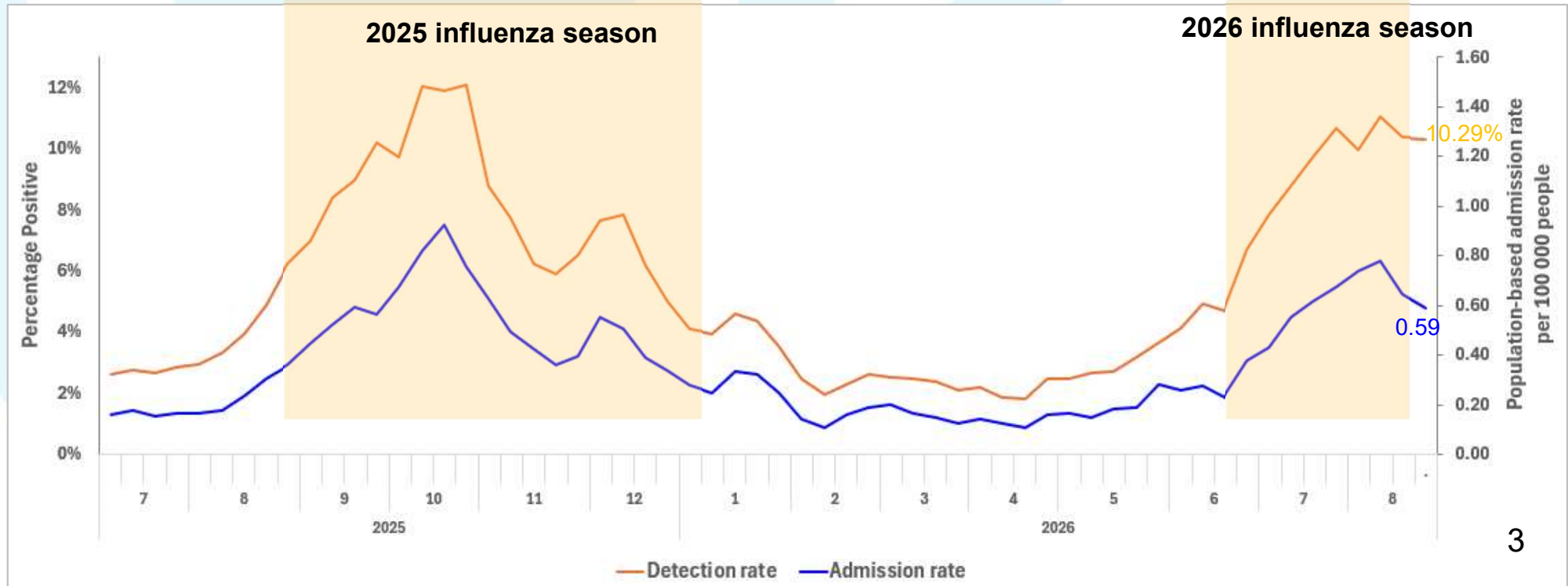
Overview of seasonal influenza in HK

- Usually two influenza seasons each year
 - From January to March/April – "Winter"
 - From July to August – "Summer"
 - Did not occur every year



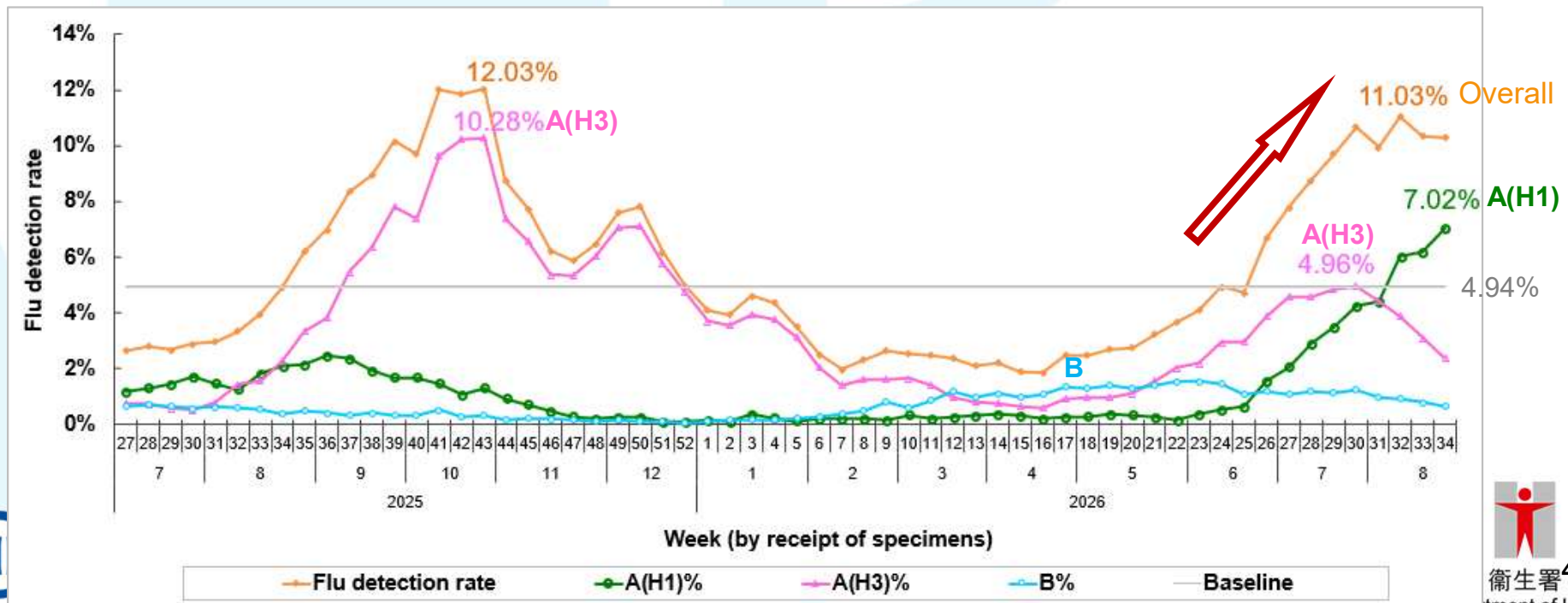
2026 influenza season

- Influenza activity remained low after the 2025 season ended in early January
- Laboratory positive rate and admission rate began rising in May, and exceeded the baseline levels in late June, marking the start of the 2026 influenza season
- Activity has continued to increase, and remains above baseline



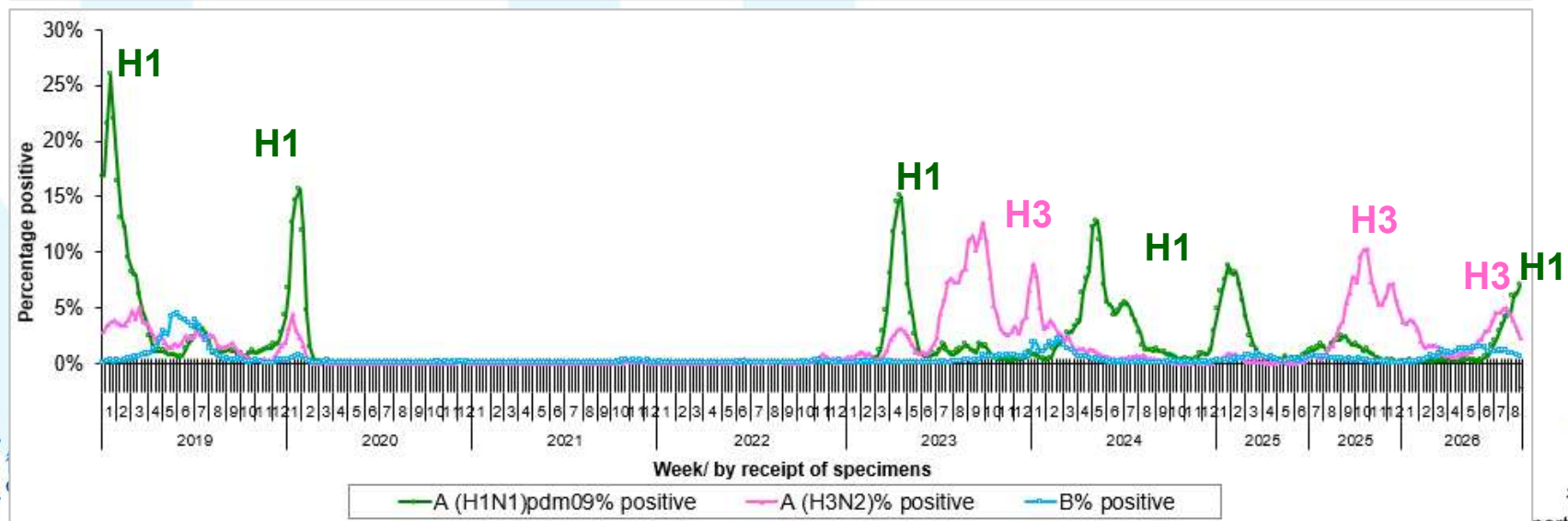
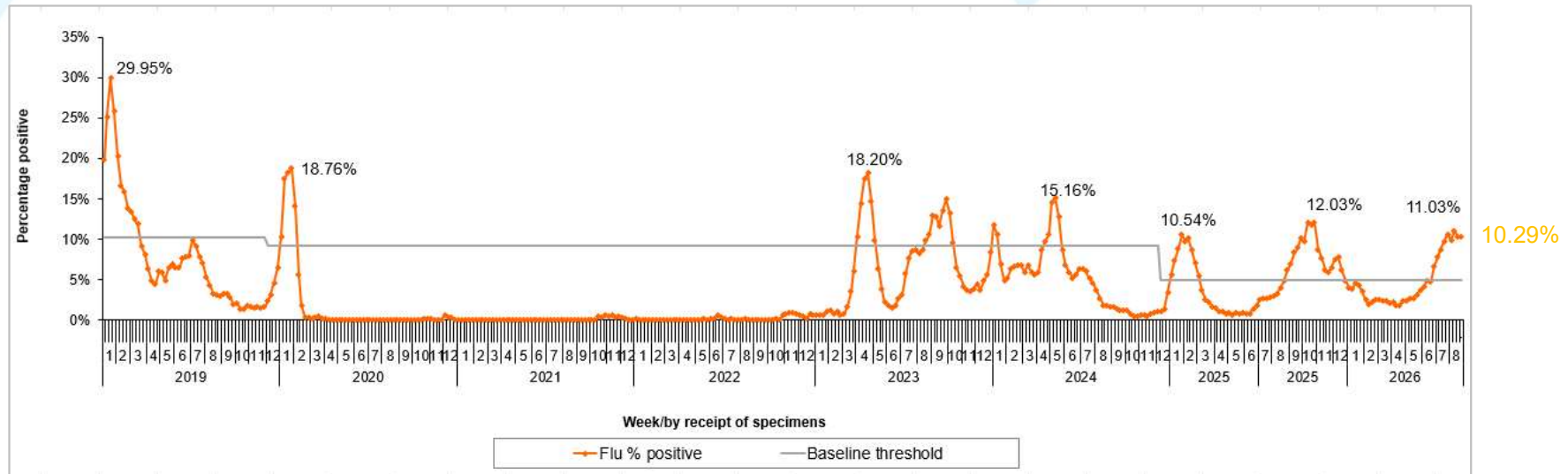
Laboratory surveillance

- Percentage of respiratory specimens positive for influenza increased from May, exceeded the baseline threshold of 4.94% in the last week of June
- Influenza A viruses are predominating recently. A(H1) activity continued to increase since season start and took over the dominance in August from A(H3) that predominated in last season and the early phase of this season



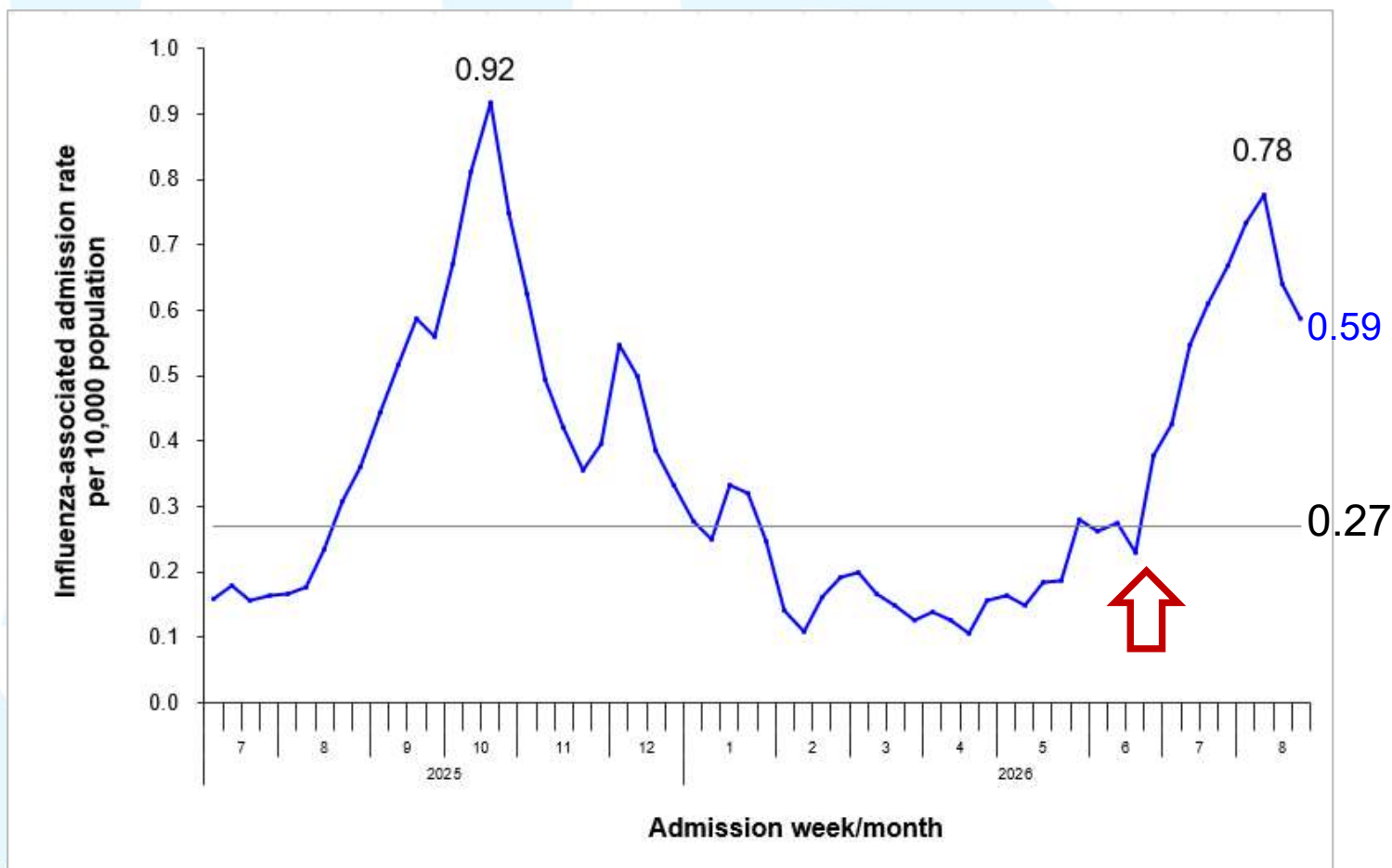
Laboratory surveillance

- Peak observed to date: 11.03%
 - Between the 2025 peaks of 10.54% (January–March) and 12.05% (September–December)



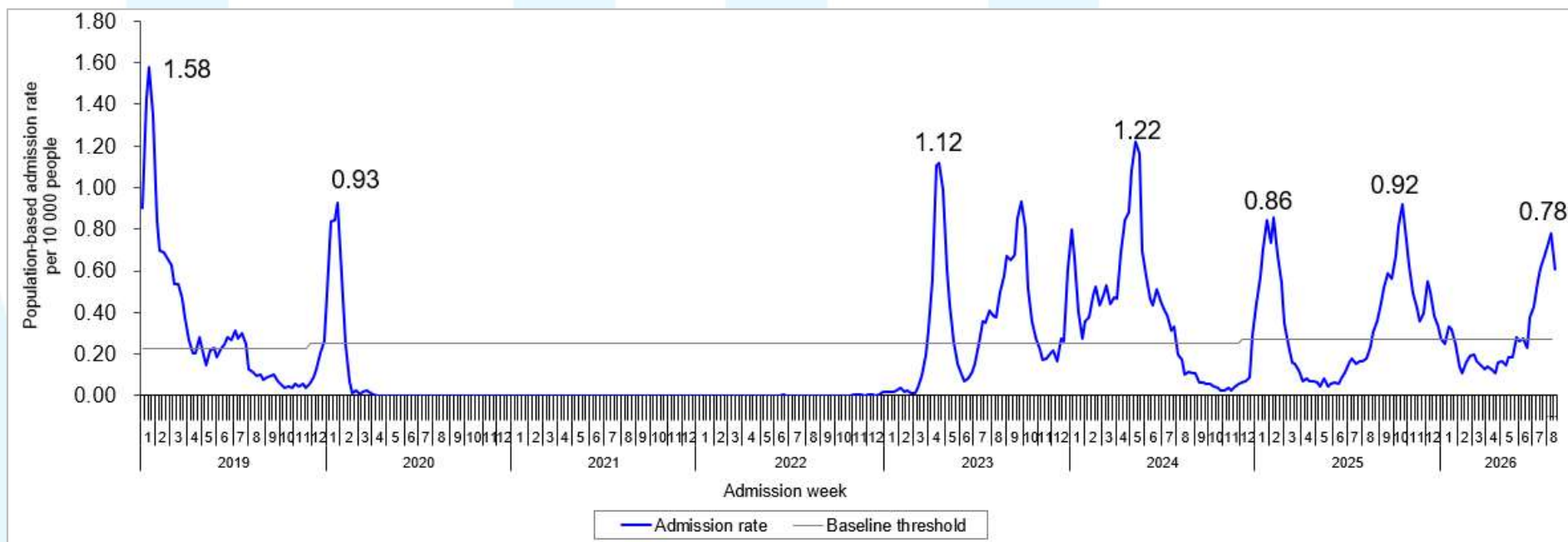
Influenza-associated public hospital admission rates

- Admission rates increased from May, exceeded the baseline threshold of 0.27 per 10,000 population in the last week of June



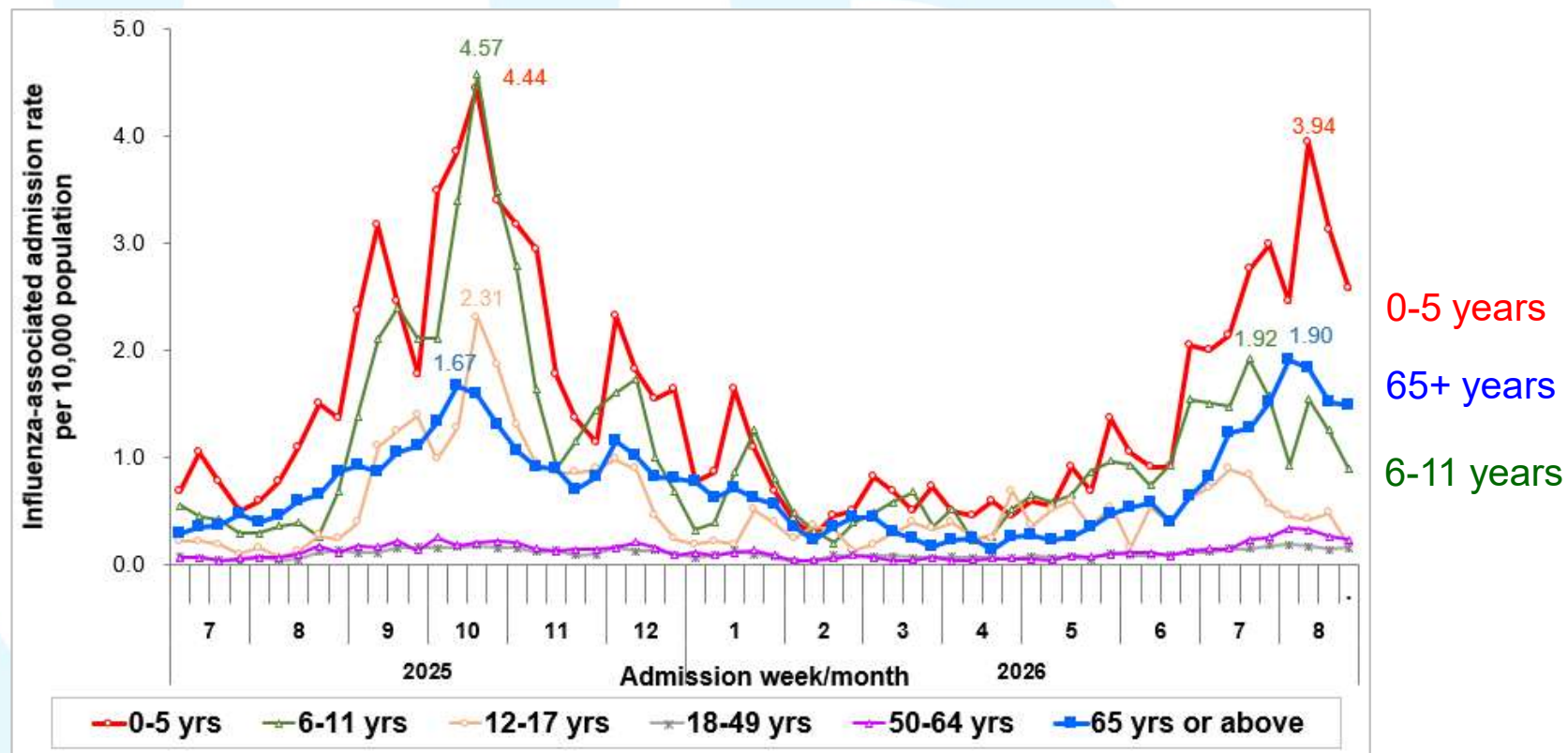
Influenza-associated public hospital admission rates

- Peak admission rate observed to date: 0.78
 - Lower than the 2025 peaks of 0.86 (January–March) and 0.92 (September–December)
 - Approximately half of the 2018/19 seasonal peak of 1.58



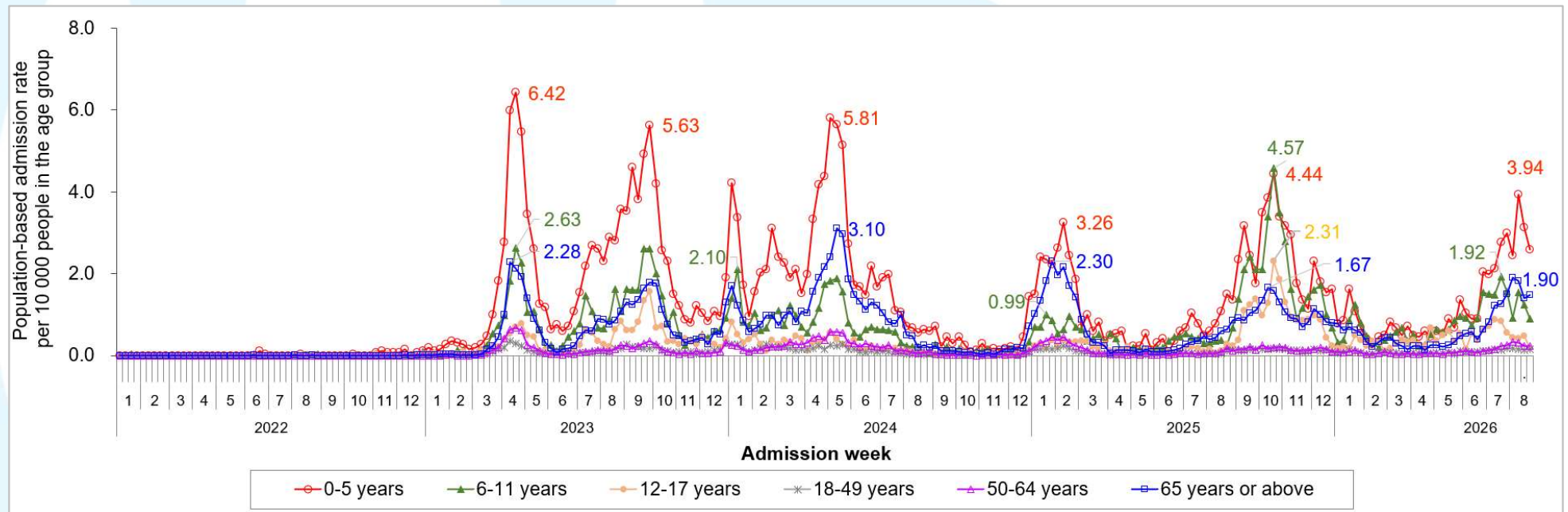
Influenza-associated public hospital admission rates

- Admission rates are the highest in young children aged 0-5 years, followed by the elderly aged 65 or above and children aged 6-11 years



Influenza-associated public hospital admission rates

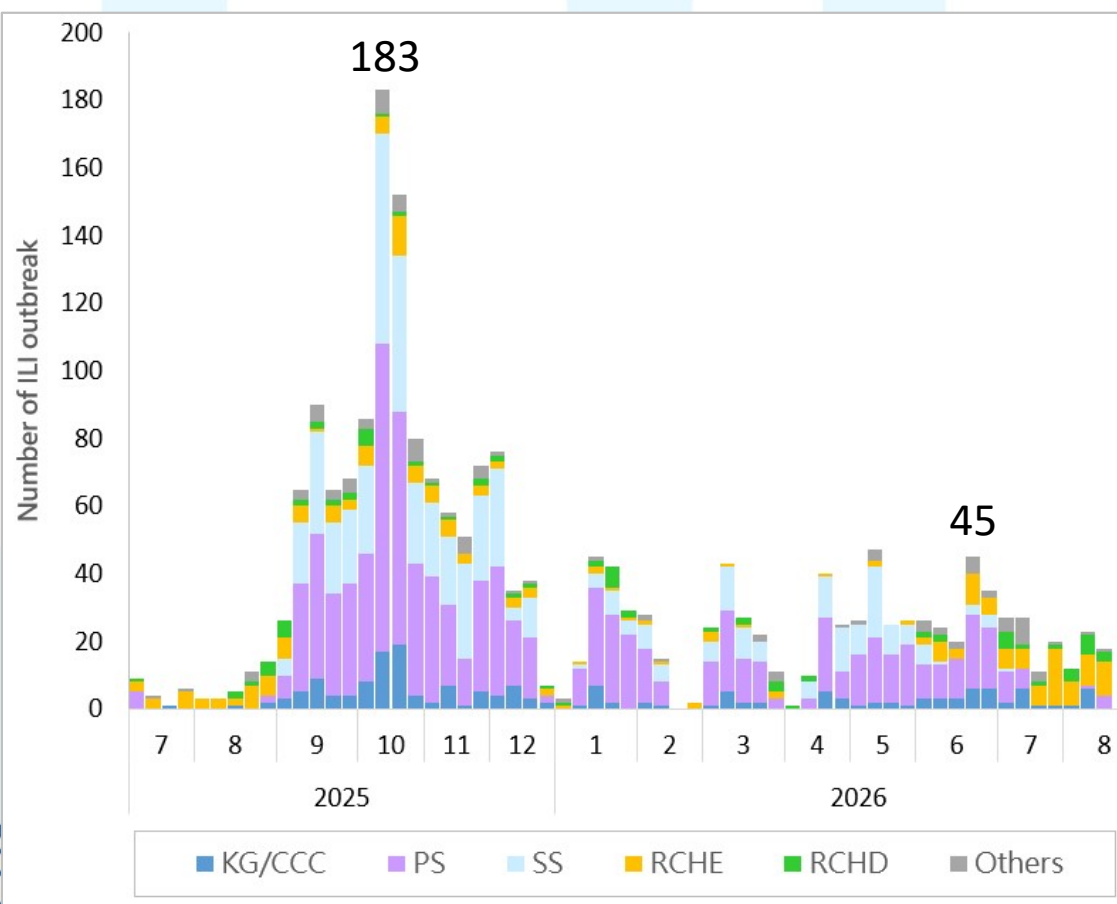
- 0-5 years: peak admission rate observed to date (3.94) was between the 2025 peaks of 3.26 and 4.44
- ≥65 years: peak admission rate observed to date (1.90) was between the 2025 peaks of 2.30 and 1.67



Season (predominating virus)	Peak weekly admission rate (per 10 000 population)						
	0-5	6-11	12-17	18-49	50-64	≥65	All ages
Since 2026 late Jun (A(H3),A(H1))	3.94	1.92	0.89	0.18	0.33	1.90	0.78
2025 Sep-Dec (A(H3))	4.44	4.57	2.31	0.17	0.25	1.67	0.92
2025 Jan-Mar (A(H1))	3.26	0.99	0.38	0.23	0.45	2.30	0.86
2024 Jan-Jul (A(H3),A(H1))	5.81	2.10	0.56	0.28	0.59	3.10	1.22

ILI outbreaks in schools/institutions

- Outbreaks increased to 45 in the last week of June
- Since the start of season, 237 outbreaks have been recorded
- RCHEs (83) and primary schools (63) reported the most outbreaks

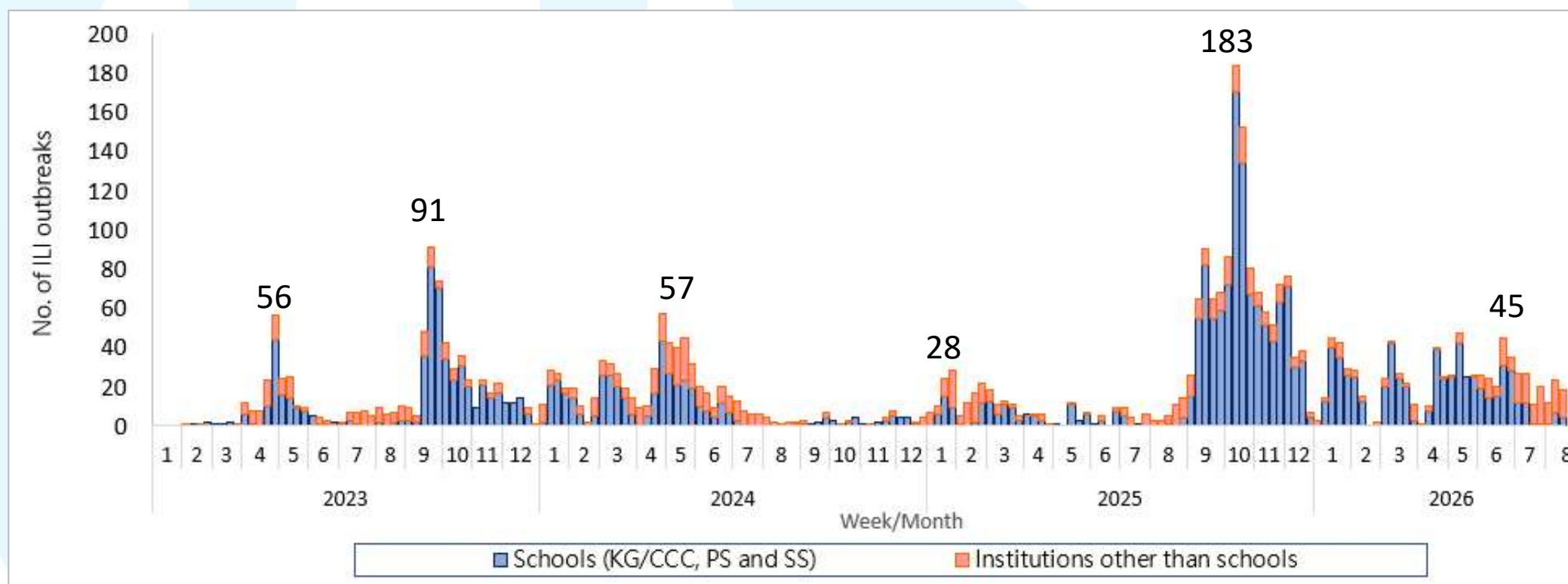


Institution	ILI outbreaks
KG/CCC	34
PS	63
SS	9
RCHE	83
RCHD	23
Others	25
Total	237

Data as of 26 August 2026

ILI outbreaks in schools/institutions

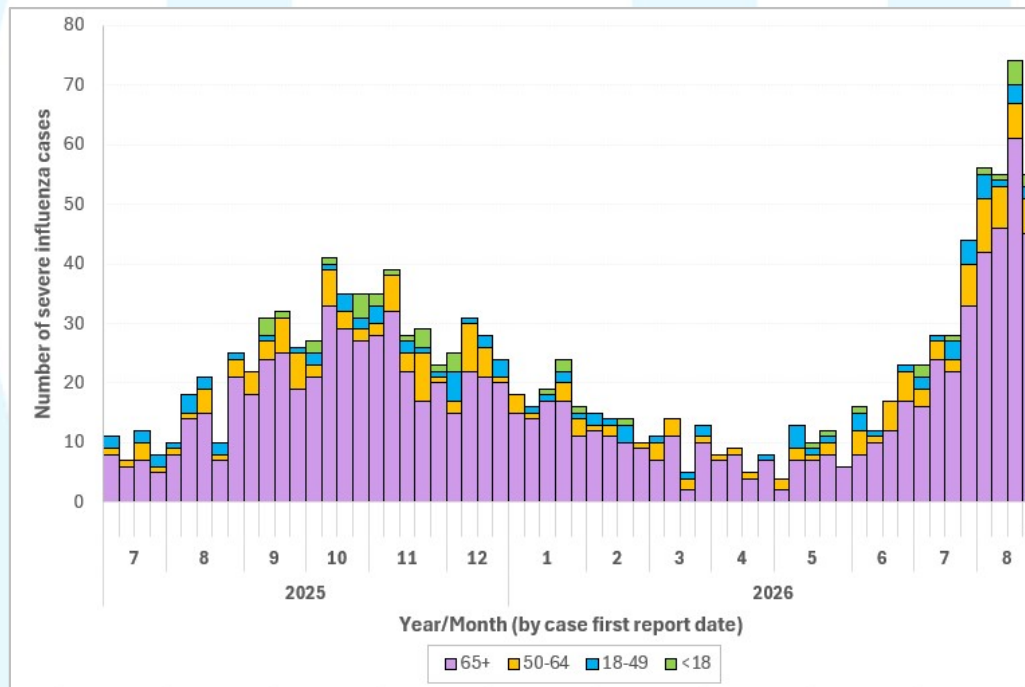
- Peak weekly outbreak count observed to date: 45
- Between the 2025 peaks of 28 and 183



Data as of 26 August 2026

Severe influenza cases

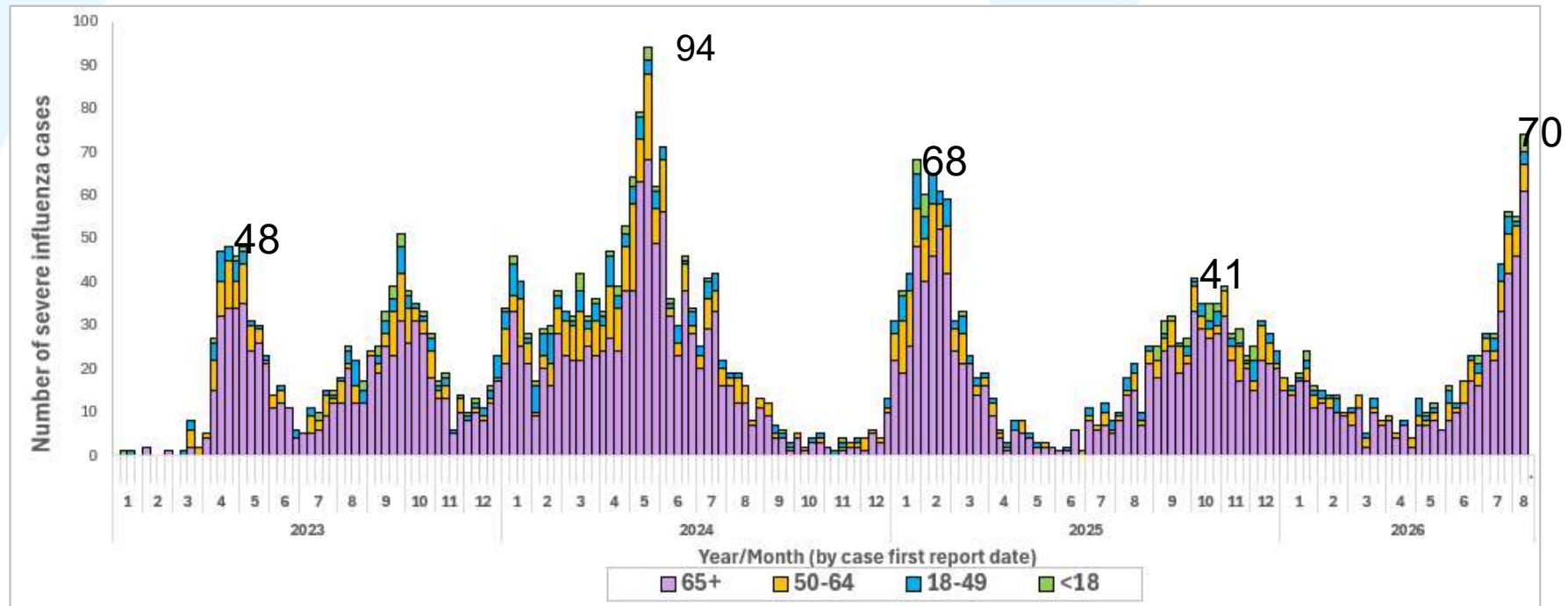
- Since the influenza season began, 426 severe cases (including 264 deaths) have been reported
- Persons aged ≥ 65 years accounted for 80% of severe cases



Age group	No. of cases	% of cases
0 – 5	5	1.2%
6 – 11	4	0.9%
12 – 17	2	0.5%
18 – 49	25	5.9%
50 – 64	49	11.5%
65 or above	341	80.0%
Overall	426	100.0%

Severe influenza cases

- Peak weekly severe cases observed to date (70) is already higher than last year Jan-Mar (68) and Sep-Dec (41) seasons



Season (predominating virus)	Duration (weeks)	Total no. of severe cases	No. of adult severe cases	No. of paediatric severe cases	Weekly peak
Since 2026 late Jun (A(H3),A(H1))	9 (as of 26 Aug)	426	415	11	70
2025 Sep-Dec (A(H3))	18	532	507	25	41
2025 Jan-Mar (A(H1))	11	498	488	10	68
2024 Jan-Jul (A(H3),A(H1))	28	1199	1167	32	94

Adult influenza severe cases “required ICU admission or died”

- Currently 415 cases (including 263 deaths)
 - Lower than 2025 Jan-Mar and Sep-Dec seasons, but already higher than 2023 Aug-Oct seasons
- Elderly ≥65
 - Contribute to 82% of all adult severe cases
 - And 92.3% of all adult death cases
 - Most cases (~85%) had underlying chronic diseases

Age group	Late Jun 2026 to 25 Aug 2026			Sep to Dec 2025		
	Case	Case with underlying illness (%) *	Death among cases	Case	Case with underlying illness (%)	Death among cases
18 – 49	25	19 (76%)	4	28	20 (71%)	2
50 – 64	49	40 (82%)	16	71	62 (87%)	26
≥ 65	341 (82%)	289 (85%)	243 (92.3%)	408 (80%)	341 (84%)	314 (91.8%)
total	415	348 (85%)	263	507	423 (83%)	342

Paediatric influenza-associated severe complications/deaths

- 11 cases (1 death)
 - Age range: 9 months – 16 years
- Complication: 9 shock, 7 sepsis, 5 severe pneumonia, 2 neurological complication and 1 myocarditis
- 4 (36%) had underlying diseases

Age group	No. of cases (including death)	No. of deaths
0 – 5	5	0
6 – 11	4	1
12 – 17	2	0

Season (predominating virus)	Duration (weeks)	No. of paediatric severe cases
Since 2026 late Jun (A(H3),A(H1))	9 (as of 26 Aug)	11
2025 Sep-Dec (A(H3))	18	25
2025 Jan-Mar (A(H1))	11	10
2024 Jan-Jul (A(H3),A(H1))	28	32
2023 Aug-Oct (A(H3))	10	15

Vaccination status of severe cases

Age group	No. of cases	Known to have received SIV (%)
0 – 17	11	7 (64%)
18 – 49	25	3 (12%)
50 – 64	49	13 (27%)
65 or above	341	163 (48%)
Overall	426	186 (44%)

- Elderly: more than half were not known to have received SIV
- Local analyses found higher risk of severe influenza outcomes among unvaccinated groups:

Group	Risk of vaccinated (per 100,000 pop)	Risk of non-vaccinated (per 100,000 pop)	RR
Paediatrics	0.48	2.54	5.3
RCHE resident	38.42	156.21	4.1

Seasonal Influenza Vaccine (SIV)

WHO Recommendation on SIV composition for 2026/27 Northern Hemisphere influenza season

Type		2025/26 Northern		2026 Southern		2026/27 Northern	
		Egg-based	Cell-based / Recombinant- based	Egg-based	Cell-based / Recombinant- based	Egg-based	Cell-based / Recombinant- based
Tri-valent SIV	H1	A/Victoria/ 4897/2022 (H1N1)pdm09 -like virus	A/Wisconsin/ 67/2022 (H1N1)pdm09 -like virus	A/Missouri/11/2025 (H1N1)pdm09-like virus		A/Missouri/11/2025 (H1N1)pdm09-like virus	
	H3	A/Croatia/101 36RV/2023 (H3N2)-like virus	A/District of Columbia/27/ 2023 (H3N2)- like virus	A/Singapore/ GP20238/202 4 (H3N2)-like virus	A/Sydney/135 9/2024 (H3N2)-like virus	A/Darwin/145 4/2025 (H3N2)-like virus	A/Darwin/141 5/2025 (H3N2)-like virus
	B	B/Austria/1359417/2021 (B/Victoria lineage)-like virus				B/Tokyo/EIS1 3-175/2025 (B/Victoria lineage)-like virus	B/Pennsylvan ia/14/2025 (B/Victoria lineage)-like virus
Additional component in quadrivalent SIV		B/Phuket/3073/2013 (B/Yamagata lineage)-like virus				B/Yamagata lineage viruses no longer recommended.	

Scientific Committee on Vaccine Preventable Diseases issues recommendations on seasonal influenza vaccinations for 2026/27 season



Scientific Committee on Vaccine Preventable Diseases

Recommendations on Seasonal Influenza Vaccination for the 2026-27 Season in Hong Kong (As of March 2026)

Introduction

Seasonal influenza causes a significant disease burden in Hong Kong. Since 2004, the Scientific Committee on Vaccine Preventable Diseases (SCVPD) reviews the scientific evidence of influenza vaccination and makes recommendations on influenza vaccination in Hong Kong annually. This document sets out the scientific evidence, local data as well as overseas practices, and provides recommendations in relation to seasonal influenza vaccination in Hong Kong for the 2026-27 season.

Summary of Global Influenza Activity

2. According to World Health Organization (WHO)'s updates on seasonal influenza activity published in February 2026, influenza

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Scientific Committee on Vaccine Preventable Disease

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Scientific Committee on Vaccine Preventable Diseases issues recommendations on seasonal influenza vaccinations for 2026-27 season

The Centre for Health Protection (CHP) of the Department of Health today (April 1) announced that its Scientific Committee on Vaccine Preventable Diseases (SCVPD) held a meeting earlier this week. After reviewing the latest scientific evidence, local and global epidemiological data, the latest recommendations from the World Health Organization (WHO) and overseas practices, the SCVPD issued recommendations regarding the seasonal influenza vaccines and priority groups for seasonal influenza vaccinations (SIV) in Hong Kong during the 2026-27 influenza season.

The SCVPD recommended that the priority groups for SIV during the 2026-27 influenza season remain the same as in the previous season (2025-26), including health care workers, persons aged 50 years or above, pregnant women, residents of residential care homes, persons with chronic medical problems, children and adolescents aged 6 months to under 18 years, poultry workers, as well as pig farmers and

Recommendations on influenza vaccination in 2026/27 season

- **All members of the public aged 6 months or above** except those with known contraindications should receive SIV annually for personal protection.
- Members of the public should receive SIV **once in the 2026-27 season**, which is expected to offer protection for both winter and summer seasons.
- **Composition** of the seasonal influenza vaccines follow the WHO's recommendations for the 2026-27 Northern Hemisphere influenza season

Recommendations on influenza vaccination in 2026/27 season – Priority groups

- People who are in the priority groups are generally at increased risk of severe influenza or transmitting influenza to those at high risk. Therefore, they shall have higher priority for SIV:
 1. Health care workers*
 2. Persons aged 50 years or above
 3. Pregnant women
 4. Residents of residential care homes
 5. Persons with chronic medical problems
 6. Children and adolescents aged 6 months to under 18 years
 7. Poultry workers
 8. Pig farmers and pig-slaughtering industry personnel

Recommendations on influenza vaccination in 2026/27 season – Types of SIVs

- SIV recommended for use in Hong Kong
 - Inactivated influenza vaccines (IIV)
 - for use among people aged 6 months of age or older, including healthy people and those with chronic medical problems
 - Recombinant influenza vaccine (RIV)
 - RIV can be used in adults and children from 9 years of age and older*
 - Live attenuated influenza vaccines (LAIV)
 - LAIV can be used for people aged 2 to 49 years, except those who are pregnant, immunocompromised or with other contraindications
- When deciding the type of SIV to be used, healthcare providers should always refer to the package insert of individual products for indications, precautions and contraindications

Recommendations on influenza vaccination in 2026/27 season – Precautions & Contraindications

- All SIV: history of severe hypersensitivity to any of the vaccine components or a previous dose of influenza vaccination
- Additional contraindications for LAIV:
 - Children and adults who are immunocompromised due to any cause;
 - Pregnancy;
 - Children 2 years through 4 years who have asthma or who have had a history of wheezing in the past 12 months;
 - Concomitant aspirin or salicylate-containing therapy in children and adolescents;
 - Close contacts and caregivers of severely immunosuppressed persons who require a protected environment;
 - Receipt of influenza antiviral medication within previous 48 hours.

Recommendations on influenza vaccination in 2026/27 season – egg allergy (both IIV & LAIV)

- IIV and LAIV contain ovalbumin (a chicken protein), but the manufacturing process involves repeated purification and the ovalbumin content is very little
- Individuals who are allergic to eggs are generally safe to receive vaccination
 - Individuals with **mild egg allergy** can receive SIV in primary care settings
 - Individuals with a history of **anaphylaxis to egg** should have SIV administered by health care professionals in appropriate medical facilities with capacity to recognise and manage severe allergic reactions
- RIV does not contain egg protein

Recommendations on influenza vaccination in 2026/27 season - Dosing schedule and vaccination interval

- A single dose of SIV is the standard regimen for persons ≥ 9 years
- Children below 9 years:
 - vaccine-naïve: 2 doses of SIV with an interval of at least 4 weeks
 - who have received one or more doses of SIV before: 1 dose
- For individuals receiving LAIV, other live vaccines not administered on the same day should be administered at least 4 weeks apart
- No restriction on intervals for individuals receiving IIV and RIV; other non-live or live vaccines may be administered simultaneously or at any interval between doses

Recommendations on influenza vaccination in 2026/27 season – optimal time of vaccination

- **October-November** is the most optimal time for vaccination
- ***Importance of collection of comprehensive vaccination data**
 - All healthcare professionals are encouraged to promptly update patients' vaccination records through eHealth
 - to enable comprehensive integration of data on vaccinations administered to the public in both public and private healthcare institutions
 - help monitor vaccination rates and support public health management.

Summary of SIV Vaccine Effectiveness (VE) estimates for 2025-26 season

- Overall, **influenza A viruses** remain predominant
- Studies/sources revealed **moderate effectiveness** of SIV against all influenza A strains for 2025/26 season.

Country/Region	Overall VE estimates (against influenza A)
Beijing, China (Shen <i>et al</i> , 2026)	• 23.3% (H3N2)
Multiple European countries (ECDC, 2025)	• 52% (H3N2)
19 European countries (Lucaccioni <i>et al</i> , 2026)	• 33% - 60% (Primary care) • 2% - 72% (Hospital)
England, UK (Kirsebom <i>et al</i> , 2025)	• 32.5% - 74.8%
France (De Clercq <i>et al</i> , 2026)	• 36.84%
Canada (4 provinces) (Separovic <i>et al</i> , 2026)	• 38% (community-based sentinel practitioners)
United States (Maloney <i>et al</i> , 2026)	• 10% - 40% (outpatient) • 28% - 48% (inpatient)

Registered Trivalent SLVs in HK incorporated with composition for 2026/27 season

Trivalent inactivated influenza vaccine

- Influvac, suspension for injection in pre-filled syringe 0.5 ml
- Vaxigrip Trivalent Influenza Vaccine 0.5ml
- Anflu influenza vaccine in pre-filled syringe 0.5ml
- Fluarix Northern Hemisphere Vaccine Suspension for Injection 0.5ml

Trivalent Live Attenuated Influenza Vaccine

- Flumist Trivalent Influenza Intranasal Vaccine

Trivalent Recombinant Influenza Vaccine

- Flublok Trivalent Influenza Vaccine Solution For Injection In Pre-Filled Syringe 0.5ml

Thank you